

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 031 ****61.25

DOCUMENT # N05000006601

1. Entity Name
THE HIP CHICKS OF BREVARD, INC.



Principal Place of Business
**1233 VESTAVIA CIRCLE
MELBOURNE, FL 32940 US**

Mailing Address
**1233 VESTAVIA CIRCLE
MELBOURNE, FL 32940 US**



2. Principal Place of Business
3900 Postridge Trail
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 410276
Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State
Melbourne FL

City & State
Melbourne FL

4. FEI Number
13-4301339

Applied For
☐ Not Applicable

Zip Country
32934 USA

Zip Country
32941 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HORAN, BRENDA G
1233 VESTAVIA CIRCLE
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent
Name **Gina Gallo**
Street Address (P.O. Box Number is Not Acceptable)
3900 Postridge Trail
City **Melbourne FL** Zip Code **32934**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gina Gallo** **Gina Gallo** **4.3.06.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 4, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HORAN, BRENDA G	
STREET ADDRESS	1233 VESTAVIA CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREEN, ANNETTE	
STREET ADDRESS	952 WIMBLEDON DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEININGER, DEBBIE	
STREET ADDRESS	246 WATERSIDE DRIVE	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEGRAAF, PIETA	
STREET ADDRESS	7205 WAELTI DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallo, Gina	
STREET ADDRESS	4501 N. Wickham road #104	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steininger, Debbie	
STREET ADDRESS	246 Waterside Drive	
CITY-ST-ZIP	Indian Harbor Beach, FL 32937	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moletteire, Bambi	
STREET ADDRESS	325 Oakland Ave.	
CITY-ST-ZIP	Indianatlantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gina Gallo** **Gina Gallo** **4.3.06.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #